

1960

CONGRESSIONAL RECORD — APPENDIX

A5989

present proposed method involving transfer of the property to the Redevelopment Land Agency for action in the manner outlined herein is not in the best interests of the public, the Government, or the small businessman.

Medical Care for the Aged

EXTENSION OF REMARKS OF

HON. LOUIS C. RABAUT

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Saturday, July 2, 1960

Mr. RABAUT. Mr. Speaker, as we are all aware the question of medical care for the aged citizens of our country has become one of the most controversial issues of the day. And rightly so. The position in which our elder citizens find themselves when the necessity arises to meet the cost of any sizable medical expenses is truly tragic. In the vast majority of cases they simply cannot meet such expenses. What is more, a representative cross-sampling of this above-65 group has shown that not only can these people not meet the cost but would either have to borrow the money or flatly state that they do not know where they would get it. This is a sorry situation, indeed, for our retired workers to find themselves facing. There are roughly 15 million retired people in this country. Of this 15 million just about 11 million are now drawing social security pensions. Only about 1 million of these are also covered by private pension plans. With respect to those on social security, it should be noted that the maximum Federal benefit for a retired couple is \$180 per month; but the average amount actually received is close to \$114. It is, of course, obvious that these figures leave no margin for heavy medical expenses, particularly when you consider that medical expenses have zoomed up higher and faster than any other single item in our economy.

The consequence of this situation is that it creates a singularly peculiar paradox within the traditional American system of employment and retirement. The traditional goal and the fond dream of the American workingman and his family has always been eventual retirement to a life of ease and complete freedom. However—and here is the paradox—this traditional goal is becoming more and more difficult—even impossible—of attainment for the retired and retiring members of our society because their continuing reliance on a set, stabilized income in the form of pensions and so forth has failed to be given due consideration as the price of living has continued to spiral. Thus these people who are required to get along on the same amount of money each month have seen their ability to do so decline progressively as the purchasing power of the few dollars they receive has grown less and less. This general principle, while it is true of all living necessities such as food and rent, is particularly and acutely true with respect to medical expenses in-

curred by these older citizens. For if their fixed incomes are increasingly inadequate to buy the daily needed loaf of bread, how then are they to meet unforeseen medical expenses of greatly larger proportions. The answer is simple—they cannot.

But it is not enough to know this answer. It remains to seek the remedy. For what are we to do, refuse these people needed medical care because they cannot afford it? Certainly not. Here, then, is the central point on which everyone concerned is in agreement; that the need exists and that something must be done about it. Even the budget-minded administration recognizes this point. But here, also, is where the general agreement ends and the controversy begins. For here is where the question arises of how to approach the problem; of how to go about the solution.

By this time there have developed several differing approaches, all distinct in one respect or other from the original and well-known Forand bill. I do not intend to go into a detailed discussion or comparison of the different bills involved. There are now six different major bills dealing with the question of providing health care for our aged. The main differences between them lie in the manner of financing the program and in the categories of coverage to be provided. The basic alternative methods of paying for this medical care are first, through an extension of the present social security system; second, out of the general revenue funds; third, through State and Federal Government matching funds; fourth, through subscription fees to be paid by the recipients; or fifth, through some combination of these methods. For my part, I have supported the Forand bill from the very beginning and I am in favor of paying for the needed medical care through the present social security system. This would be done by increasing the present social security taxes one-fourth of 1 percent. This would mean that an individual would pay into the Social Security Fund a maximum of \$12 per year more than he is paying now. This program would amount to a prepaid health care package on which today's workers can fall back when they retire. Figures from the Census Bureau show that 60 percent of retired people—60 percent of people over 65 years of age do not have as much as \$1,000 income per year. This means about \$20 a week for food, clothing, shelter and everything else people need to live. How are they to pay for needed medical care?

The elderly people of this country are the people who need medical care the most. More than any other segment of our population these people need this care—which, in a tragically large number of cases, they cannot afford. This older group of persons get sick more often and stay sick longer than any other population group. Further, many of them are in need of continuing care. That is they require nursing home care or medical attention on a regular basis—be it weekly, biweekly, or monthly—or they are required to take medicines regularly, often daily and often comprising

not one but several different medicines—all of which are expensive these days. All of these things are necessary and they are also considerably beyond the means of most of our senior citizens. This situation has been called a "pressing social problem." I prefer to call it a "crying human need" and I pledge that I shall fight to see that something is done about it.

Captive Nations Week, 1960

EXTENSION OF REMARKS OF

HON. FLORENCE P. DWYER

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Saturday, July 2, 1960

Mrs. DWYER. Mr. Speaker, a look at any map of the world through the eyes of political freedom will reveal an area extending eastward from East Germany, through Eastern Europe, European Russia, across the vastness of Asia, down into southeast Asia as far as North Vietnam, and across the China Sea to North Korea—a huge area of many countries and cultures and peoples.

These are the captive nations, and their many hundreds of millions of people are the captive peoples.

In the colors of political freedom, this large sector of the map is painted red—red for the color of international communism, red for the color of the blood shed in defense of lost freedoms.

Since 1917, Mr. Speaker, the process of Communist subjugation has gone on. One by one, nations have fallen to the twin weapons of communism: internal subversion and external force. In exchange for national independence, Moscow and Peiping have brought the most ruthless tyranny in history. Slavery and death have been the rewards of those who fought to preserve their freedom.

It is a grim and disheartening picture, Mr. Speaker. But it is a picture from which we must not look away. The lessons taught in the Ukraine, in Poland and Hungary, in China, Korea, and Tibet must be learned well and never forgotten.

This is the purpose of Captive Nations Week. This is the reason why the Congress authorized the designation of the third week in July as "Captive Nations Week," and why the President—acting under that authority—has proclaimed it so.

We owe it to ourselves and to our own freedom, and to our brothers who have lost their freedom, to rededicate ourselves at this time to the cause of freedom and justice throughout the world. Only by understanding what they are, how they can be lost and what can be done to strengthen them, can we be worthy of the cause.

The whole world looks to us for the leadership and the sense of direction which can bring our cause alive and rekindle in the hearts of people everywhere the hope and assurance of freedom and justice and true peace.

This is the moral of Captive Nations Week. This is the issue of our time.

A5990

CONGRESSIONAL RECORD — APPENDIX

July 15

Summary of Veterans' Legislation, 86th Congress

EXTENSION OF REMARKS
OF

HON. OLIN E. TEAGUE

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Saturday, July 2, 1960

Mr. TEAGUE of Texas. Mr. Speaker, the Committee on Veterans' Affairs, of which I am chairman, has received many inquiries from Members of Congress with respect to legislation affecting veterans which has been enacted during the 86th Congress. In order that this material may be readily available, I insert material showing the status of veterans' legislation as of July 15, along with certain general information relative to the various veterans' programs which I believe will be helpful to Members:

COMMITTEE ON VETERANS' AFFAIRS, HOUSE OF REPRESENTATIVES, OLIN E. TEAGUE, CHAIRMAN—SUMMARY OF VETERANS' LEGISLATION REPORTED, 86TH CONGRESS

LAWS ENACTED

Public Law 86-73 (H.R. 2256): Makes \$100 million available to the Administrator of Veterans' Affairs, upon his request, for immediate use in the direct-loan program for the purpose of reducing existing waiting lists. Provides that the interest rate on guaranteed and direct loans may be set at a rate not to exceed 5½ percent per annum and repeals provision of law requiring that VA interest rate be not less than one-half of 1 percent below FHA rate. Makes certified agents of Federal Housing Administrator eligible to make VA automatic loans if approved by the Veterans' Administration. Authorizes the Administrator of Veterans' Affairs to refuse to appraise homes for builders and lenders suspended by FHA. (Approved August 11, 1959.)

Public Law 86-103 (H.R. 5447): Extends for a period of 10 years, to June 30, 1970, the existing authority of the Administrator of Veterans' Affairs to maintain offices in the Republic of the Philippines. (Approved August 25, 1959.)

Public Law 86-109 (H.R. 5446): Requires that Veterans Canteen Service pay reasonable charges for the use of space, buildings, and structures furnished by the Veterans' Administration, the amount of charges to be determined by the Administrator of Veterans' Affairs. (Approved August 25, 1959.)

Public Law 86-113 (H.R. 3269): Liberalizes statutory bar to benefits available to a veteran discharged during a period of hostilities on his own application or solicitation as an alien by presuming that he was not so discharged in the absence of affirmative evidence establishing the fact. (Approved August 25, 1959.)

Public Law 86-116 (H.R. 269): Grants to employees of the Manila, Republic of the Philippines, office of the Veterans' Administration, who are U.S. citizens, certain allowances and benefits similar to those enjoyed by Foreign Service personnel—transportation, home leave, etc. (Approved August 29, 1959.)

Public Law 86-146 (H.R. 6319): Restricts payment, upon death of an incompetent veteran, of gratuitous veterans' benefits deposited in the "personal funds of patients' trust fund" to wife, child, and dependent parent rather than paying to personal representative. Provides that an incompetent veteran receiving hospital care at public expense and having neither wife nor child shall have any gratuitous VA payments

stopped when his estate reaches \$1,500 and such payments shall not be resumed until the estate is reduced to \$500. Payments may be made for the needs of a dependent parents or parents. Where State institutions charge for the care of a veteran patient, payment out of the benefit is permitted. (Approved September 1, 1959.)

Public Law 86-150 (S. 906): Provides that, for veterans of the Korean conflict, receiving education or training under the "Korean GI bill," a change from the pursuit of one program to the pursuit of another will not be considered a change of program if the first program is prerequisite to, or generally required for, entrance into pursuit of the second. As an example, where a veteran may have declared his educational objective to the attainment of a master's degree and he later decides that he wishes to attain a doctor's degree, this change of objective would not be considered a change of program. (Approved September 1, 1959.)

Public Law 86-152 (S. 1694): Extends authority of the Veterans' Administration to provide hospital and medical care abroad to include U.S. citizens temporarily residing abroad who require hospital care and medical treatment for peacetime service-incurred disabilities. (Approved August 11, 1959.)

Public Law 86-187 (H.R. 267): Increases the presumptive period for service connection for the disease of multiple sclerosis from the present 2-year period to 3 years. (Approved August 25, 1959.)

Public Law 86-188 (H.R. 271): Provides that Hansen's disease (leprosy) developing to a degree of 10 percent within 3 years from the date of a veteran's separation from the service shall be considered to be service-connected. (Approved August 25, 1959.)

Public Law 86-195 (H.R. 2405): Includes as a "child" for purposes of laws administered by the Veterans' Administration (except those relating to insurance and the disposition of personal property of a decedent left upon the premises of a VA facility), one who was a member of the veteran's household at the time of his death and who was adopted by the veteran's spouse within 2 years after the death, unless at the time of the veteran's death the child was receiving regular contributions toward his support from some individual other than the veteran or his spouse, or from any public or private welfare organization furnishing services or assistance to children. (Approved August 25, 1959.)

Public Law 86-211 (H.R. 7650): Modifies the pension programs for veterans of World War I, World War II, and the Korean conflict, and their widows and children.

1. Provides a sliding scale of pensions based on the income and dependency status of the recipient. Such scale of pension rates applies to veterans, and to widows and children, as indicated below:

Veteran, no dependents

Annual income		Monthly pension
More than—	But equal to or less than—	
\$600	\$600	\$85
1,200	1,200	70
	1,800	40

Veteran with dependents

Annual income		Monthly pension		
More than—	But equal to or less than—	Veteran and 1 dependent	Veteran and 2 dependents	Veteran and 3 or more dependents
\$1,000	\$1,000	\$90	\$95	\$100
2,000	2,000	75	75	75
	3,000	45	45	45

Above rates increased by \$70 when veteran needs regular aid and attendance. In addition, for this group the Administrator may furnish an invalid lift. (Invalid lift benefit applies to all wars.)

Widows and children

WIDOW, NO CHILD

Annual income		Monthly pension
More than—	But equal to or less than—	
\$600	\$600	\$60
1,200	1,200	45
	1,800	25

WIDOW, 1 CHILD¹

Annual income		Monthly pension
More than—	But equal to or less than—	
\$1,000	\$1,000	\$75
2,000	2,000	60
	3,000	40

¹ Plus \$15 for each additional child.

NO WIDOW, 1 OR MORE CHILDREN

Annual income equal to or less than (earned income excluded)—	Monthly pension
\$1,800	\$35 for 1 child and \$15 for each additional child.

2. All income, regardless of source, counts except:

- (a) payments of the 6 months' death gratuity;
- (b) donations from public or private relief or welfare organizations;
- (c) payments by VA of pension, compensation, and dependency and indemnity compensation;
- (d) payments under policies of U.S. Government life insurance or national service life insurance, and payments of servicemen's indemnity;
- (e) lump sum social security death payments;
- (f) payments to an individual under public or private retirement, annuity, endowment, or similar plans or programs equal to his contributions thereto;
- (g) amounts equal to amounts paid by a widow or child of a deceased veteran for—
 - (1) his just debts,
 - (2) the expenses of his last illness, and
 - (3) the expenses of his burial to the extent such expenses are not reimbursed by VA;
- (h) proceeds of fire insurance policies.

3. The income of the spouse (if not estranged) may count as the veterans' income. In determining annual income, where a veteran is living with his spouse, all income of the spouse which is reasonably available to or for the veteran, except \$1,200 of such income, shall be considered as the income of the veteran, unless in the judgment of the Administrator to do so would work a hardship upon the veteran.

4. All waived income counts.

5. Discretionary authority granted VA for a finding on the net worth of the veteran or the widow or child which could lead to a determination that the applicant is not eligible for pension because of net worth.

6. Places World War II and Korean conflict widows and children on same basis as widows and children of World War I for purposes of pension eligibility.

7. The pension of a veteran being furnished hospital or domiciliary care by the Veterans' Administration will be reduced to \$30 a month after the expiration of 2 full